

Attachment<sup>t</sup>

Medical Administrative Duties

Medical Administration requires the abilities found in the normal administrative positions, but requires additionally, technical knowledge of the biological and physical sciences as related to medicine; medical terminology, diagnostic procedures, medical aspects of law, and medical statistics as related to medical services in order to insure the efficient and effective supervision and operation of a medical support program. Additionally, the Executive Officer functions are performed in the manner used by the military services, wherein a Medical Service Corps Officer functions as the Executive Officer in the review of all incoming and outgoing administrative instruments such as policy, regulations, procedures, notices, directives, memoranda, and other types of directive material.

Medical Personnel Functions: The recruitment and selection of physicians, medical technicians and nurses are accomplished under fairly adverse conditions; for 1958 352 applications were received and processed by the Medical Staff; in spite of the aggressive program, the "loss rate" is unusually high; only 13 applicants were accepted in 1958. Further, approximately 600 memoranda and long-distance telephone calls were made in 1958 in this endeavor. A continuing effort to improve and modify this program is conducted by the accomplishment of liaison with:

1. Department of Defense technical services:
  - a. Army Surgeon General
  - b. Navy, Bureau of Medicine and Surgery
  - c. Air Force Surgeon General
2. U. S. Public Health Service
  - a. Bureau of Indian Affairs
  - b. National Institutes of Health
  - c. Hospitals, Quarantine Service, Immigration Service
3. Veterans Administration
4. District Medical Society
  - a. Specialty Committees
  - b. Consultants
  - c. Placement Services
5. Medical and Technical Schools
  - a. Residency Programs
  - b. Referral by officials
6. American Medical Association
  - a. Placement Service
  - b. Publications

7. Other

- a. Publications
- b. Alumni referral
- c. CO
- d. SRR/POB/OP
- e. Technical faculties

Personnel who are selected are evaluated for technical competence, ability to adjust to the Agency program of medical support, and intelligence activities, as well as other pertinent factors. Special projects requiring medical personnel are assisted in obtaining physicians and technicians; special medical personnel requirements and specialties are procured as necessary for such activities. Various components of the Agency require medical personnel (DD/P, DD/I and DD/S). The Administrative Officer is responsible for the screening and referral of such requirements; ultimate selection of all medical personnel for the CIA rests with the Medical Staff. Many ramifications such as competitiveness for services, employment contractual agreement, and other factors are met in the procurement of these professional personnel.

Career Service Program: In the management of the SM Career Service, the Medical Administrative Officer services as the Executive Secretary. In 1958 the Medical Staff Career Service Board held 35 meetings and 51 decisions were made; the Competitive Evaluation Panel, of which the Administrative Officer is a member, held 6 meetings and evaluated all medical technical and administrative personnel.

The normal medical personnel administrative activities in 1958 were accomplished by approximately 160 personnel actions; 75 cables (outgoing) and approximately 200 dispatches (outgoing).

Another medical aspect of personnel management is manifested by the requests from Agency employees for advanced sick leave; these requests are forwarded to the Medical Staff for approval and the administrative aspects of this program are performed under the supervision of the Administrative Officer.

Planning: Planning involves all aspects of medical planning accomplished within the Agency, since the Medical Staff must provide methods and/or facilities to accomplish the medical services required for all CIA personnel; these plans include:

1. War Plans

- a. Global
- b. Area
- c. Country
- d. Headquarters Plans
- e. Contingency Plans
  - (1) Headquarters
  - (2) Global
  - (3) Area
  - (4) Country

2. Emergency Plans

- a. Headquarters

- [REDACTED]
- b. Relocation
  - 3. Building Plans
    - a. All CIA housing
    - b. Medical Staff
    - c. Headquarters Building
  - 4. Others
    - a. Training sites
    - b. Safehouses
    - c. Depots

Medical services plans call for, but are not restricted to, consideration of the following:

- 1. Medical Personnel (numbers, location, etc.)
- 2. Supplies and Equipment (amount, quality, quantity, etc.)
- 3. Water Supplies (potable, purification, adequacy, etc.)
- 4. Sewage Disposal Programs (adequacy, treatment, etc.)
- 5. Vehicular Ambulances, (amounts, types, etc.)
- 6. Work and Living Space (lighting, sanitation, ventilation, etc.)
- 7. Dispensaries and Hospitals (need, quality, quantity, etc.)
- 8. Reporting Procedures (health records, operational, administrative, etc.)
- 9. Command Relationships (global, area, etc.)
- 10. Technical Relationships (foreign, U.S., etc.)
- 11. Evacuation (methods, types, etc.)
- 12. Treatment (extent, quality)
- 13. Diagnosis (extent, quality, etc.)
- 14. Others [REDACTED], modification of facilities, epidemiology, preventive medicine, [REDACTED] etc.)

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Records:

- 1. The Administrative Officer is responsible for the maintenance of those records required by Federal legislation for medical and narcotics records.
- 2. Procurement of medical records reports, X-ray film and professional evaluation from Air Force, Army, Navy, Department of State, other Federal departments and agencies, state institutions and private institutions, consultants, treatment, and diagnostic facilities are necessary to maintain the medical standards of CIA.
- 3. Maintenance and evaluation of medical records for completeness, adequacy, and applicability are necessary to insure that Agency physical standards are met. Technical channels and procedures are developed and constantly scrutinized to provide effective and efficient operations in the Medical Staff; these include information that must meet security requirements but also must protect the individual when confidential medical information is included in the records.

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Such procedures and channels include, but are not limited to:

- a. U. S. Army Surgeon General's Office and various hospitals and medical records center
- b. U. S. Navy, Bureau of Medicine and Surgery and various hospitals
- c. U. S. Air Force Surgeon General's Office and various hospitals
- d. Department of State - Medical Director's Office
- e. St. Elizabeths Hospital
- f. Washington Hospital Center
- g. Medical Center, National Institutes of Health
- h. Marine Hospital, Baltimore and other USPHS Hospitals
- i. Veterans Administration Hospitals
- j. State hospitals and clinics
- k. Private hospitals, clinics, laboratories, diagnostic centers, and psychiatric facilities
- l. Consultants, specialists and private practitioners
- m. Other facilities and individuals as required

Such procedures and channels are documented by Medical Staff notices and regulation as required and, where applicable, Agency regulations are prepared and published.

Agency regulations with medical implications are forwarded by the various Agency components to the Administrative Officer for comments, changes, co-ordination, approval, etc.

The Administrative Officer has a basic responsibility of knowledge of various laws and other Governmental regulatory information as it relates to medical services of CIA employees; these include:

- a. USPHS and its various groups, i.e., DEC, Immigration Medical Requirements, Quarantine regulations, National Institutes of Health, the Institute Medical Center, hospitals, etc.
- b. Department of Army; medical regulations as related to standards, records, supply, pharmaceuticals, etc.
- c. Department of Navy; medical regulations on physical standards, medical records, supply bulletins, pharmaceuticals, narcotics regulations, etc.
- d. Department of Air Force - same as b and c.
- e. Department of State notices, regulations and legislation on dependent care, medical evacuation, treatment, diagnosis, etc.
- f. Other - A knowledge of the domestic and foreign laws and regulations where CIA medical facilities are located insures proper medical administrative actions, i.e., laws and procedures for admitting patients to St. Elizabeths, Washington Hospital Center, VA and other institutions, etc.

Liaison: The technical aspect of liaison may be summarized as:

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1. Professional:

- a. Consultants in medical specialties of neurology, neuro-psychiatry, dermatology, internal medicine, physiology, anatomy, allergy, cardiologists, dental, ear, nose and throat, obstetrics and gynecology, hematology, neurosurgery, ophthalmology, orthopedics, radiology, urology and others.
- b. Military - Members of the Medical Corps, Medical Service Corps, Dental Corps, and Nurse Corps are routinely contacted; members of the USPHS and other Government agencies are contacted frequently.

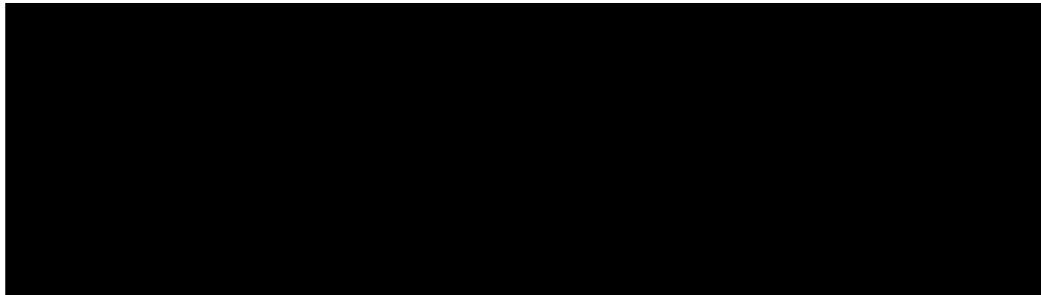
2. Medically Related Professions:

Pharmacologists, chemists, laboratory and X-ray specialists, pharmaceutical representatives, researchers in various diseases and drugs. Both civilian and military personnel are contacted.

3. Guidance to the various Agency components on technical matters are afforded, i.e., Logistics in procurement, shipments, storage, issuance and use of medical supplies and equipment; OP on approved medical facilities, medical procedures, reasonableness of medical expenses and others, types of technical advice. Comptroller re payment for services, supplies, etc.; Central Cover, Security, [redacted], DD/P Area Divisions, and other components are advised per the Support Division.

4. Orientation of senior Agency personnel and other Government officials on the many facets of medical administration is effected by the Administrative Officer.

Medical Budgets and Funds: Technical approval for the use of funds in medical support used in the Agency is the administrative responsibility of the Administrative Officer. Such approval has effect on the following funds:



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Medical Logistics: As the technically responsible agent for CIA medical supplies and equipment which includes all medical supplies and equipment in the possession of CIA - [redacted] the following functions of importance are performed:

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1. Approval of all medical items used in the Agency for:

- a. Operations
- b. Medical services
- c. Experimentation

2. Review and approval of items catalogued and used in the Agency; such review included 1,200 items in 1958.

3. Knowledge of medical supplies and equipment which include:

a. Generic, colloquial and chemical names of drugs and chemicals.

b. Efficiency, dosage, physiological and psychological effects of drugs.

c. Manufacturers, research implications, assimilation of technical reports on medical supplies and equipment.

d. Ability to discuss all technical ramifications concerning medical supplies and equipment with physicians, technicians, laymen and pharmaceutical personnel.

e. Must maintain proper technical references and insure that new advances in medical logistics are available to professional personnel.

f. Technical knowledge of substitutable items, deterioration factors, storage criteria, transportation methods and factors, laws governing the acquisition, storage and use of narcotics and restricted items as well as laws governing transportation of poisons, inflammables, narcotics, explosives, and other criteria effecting the movement of medical supplies and equipment.

g. Complete knowledge and ability to prepare and evaluate specifications of medical supplies and equipment such as drugs, chemicals, X-ray machines, electrocardiograph machines, electroencephalograph machines, basal metabolism machines, electrophotometers, ultrasonic machines and other machines related to medicine.

h. Must possess knowledge of medical facilities, such as medical depots, hospitals, dispensaries, clinics, and infirmaries in order to determine functions and priorities of functions of other medical services such as Army, Navy, USPHS, U.S. civilian medical facilities, and [REDACTED]. Knowledge and ability to determine space

[REDACTED] layouts for medical storage treatment facilities in using epidemiological and intelligence reports to insure efficient medical services and functional plans.

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